

Allinia Brooks

Town

County

Talbot-

MARYLAND

Died at

Date 1902 April 6th Age 23 Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

George Brooks

Mother's

Maiden Name

Lucy Poller

Cause of

Primary

How long sick

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

Julius A. Johnson M.D.

Address

Easton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

9



Name in Full

Certificate of Death

Joseph Barrol

Town

County

Died near

Trafpe

Talbot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

29

Age

-

-

13

Talbot Co

Male

White

Married

Widow

Single

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Howard Barrol

Mother's Maiden Name

Effie Cole Adams

Cause of

Primary

Acute meningitis

How long sick

3 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Joseph A. Ross M.D.

Address

Trafpe, Talbot Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Joanna Campbell
 Town County Talbot -
 Died at near it
 Date 1902 Apr. 23 Month Day Y. M. D. 36- Native of Md. Occupation Housew.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2
 Husband of Clara Campbell
 Wife
 Father's Name S. W. Maritt Mother's Maiden Name Milly Maritt
 Cause of Death Primary Consumption
 Immediate How long sick about 1 year
 Accident, Suicide, Homicide
 Reported by Joseph B. Smith, M. D.
 Address Arkland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maurice Caulk

Town

County

Died at

St Michaels

Talbot

MARYLAND

Date 189	1902	Month 4	Day 25	Age -	Y. 9	M. -	D. -	Native of Md	Occupation none
Male	White	Married	Widow	Divorced					
Female	Colored	Single	Widower	Number of children living	none				

Husband
ofFather's
Name

Jas. Caulk

Mother's
Name

Amanda Caulk

Cause of

Primary

Chronic Bronchitis & Pneumonia

How long sick

6 mo

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

A. B. Blascock
St Michaels Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU-79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

John

Chaney

Died at ^{Town} *St. Michaels* ^{County} *Talbot* MARYLAND
 Date ¹⁹⁰² *Apr. 10* ^{Month} *Apr.* ^{Day} *10* ^{Y.} *64* ^{M.} *3* ^{D.} *8* ^{Native of} *Maryland?* ^{Occupation} *laborer on farm*
 Male ^{White} *White* ^{Married} *Widow* ^{Divorced} *Divorced*
 Female ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *None*

Husband of *Sarah Chaney*
 Wife of *Geo. Chaney*
 Father's Name *Geo. Chaney* ^{Mother's} *Elbert E. Box*
 Name *Geo. Chaney* ^{Maiden Name} *Elbert E. Box*
 Cause of Death { ^{Primary} *apoplexy* ^{How long sick} *6 days*
 { ^{Immediate} *Paralysis of Right* ^{Left side} *Left side* ^{Accident, Suicide, Homicide} *Accident, Suicide, Homicide*

Reported by *R. A. Dodson M.D.*
 Address *St. Michaels Md.* 64

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Noah Chaney

Died at ^{Town} St. Michaels ^{County} Dabbot MARYLAND

Date 1902 4 19 Age 72-10-6 Native of St. Michaels Occupation Horse Trainer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living Three

Husband of

Latherine Chaney

Wife

Father's Name Noah Chaney Mother's Name Rachel Thomas

Cause of Death { Primary Organic Heart Disease How long sick one year

Immediate Asthenia Accident, Suicide, Homicide

Reported by

Address

A. B. Glascock M.D.
St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



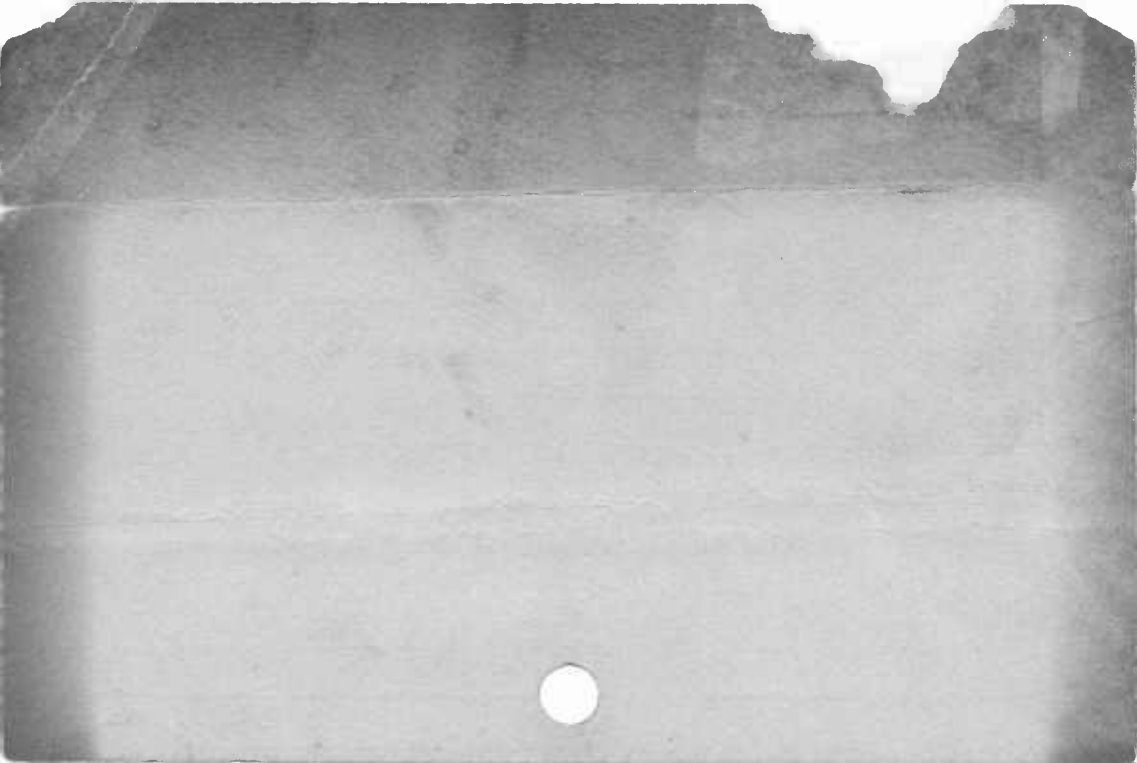
CERTIFICATE OF DEATH

MARYLAND

Died at <i>St Michaels</i> <i>Talbot</i> County	
Date of death 190 <i>2</i>	Month <i>April</i> Day <i>15</i> Age <i>40</i> Years Months <i>2</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>Black</i> Birth-place <i>B. B. Beck</i>
Married, Single or Widowed <i>Single</i>	Occupation <i>Cystrman</i>
Name of Wife or Husband	
Father's Name <i>J. A. A. A. A.</i>	Father's Birthplace <i>Talbot Co</i>
Mother's Maiden Name <i>Mary A. A. A.</i>	Mother's Birthplace <i>Talbot Co</i>
Name of person giving information <i>J. A. A. A.</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

Primary <i>Apoplexy</i>	How long <i>64</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. A. A.</i>
	Address <i>St. Michaels</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Josephine Clemens

Town

County

Easton

Latter-

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1902 April 15th

Age 1-6 --

ma

m

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Robt. Clemens

Maiden Name

Hennie Gibson

Cause of

Primary

Whooping Cough

How long sick

4 weeks

Death

Immediate

Scarlet fever

Accident, Suicide, Homicide

Reported by

Julius A. Johnson

Address

Easton - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr



Name in Full

Chas. Collins

MARYLAND

Died at ^{Town} *Easter*County *Tolbot*

Date *1902* ^{Month} *4* ^{Day} *10* ^{Y.} *—* ^{M.} *3* ^{D.} *2* ^{Native of} *MD* ^{Occupation} *—*

^{Male} *Male* ^{White} *White* ^{Marrd} *Marrd* ^{Widow} *Widow* ^{Divorced} *Divorced*

^{Female} *Female* ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *—*

Husband of *—*Father's Name *Chas Collins*Mother's Name *Collins*

Cause of ^{Primary} *Inanition*

Death ^{Immediate} *& Launton*

151

How long sick *3 mos.*

Accident, Suicide, Homicide

Reported by *Thos Almon*Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11 Enslaved

Name In Full

Certificate of Death

Rachin Cooper

Died at ^{Town} *Alumatum* ^{County} *Talbot* MARYLAND

Date 19*02* ^{Month} *April* ^{Day} *11th* ^{Y.} *74* ^{M.} *-* ^{D.} *-* ^{Native of} *Ind* ^{Occupation} *none*

~~Male~~ ~~White~~ ~~Martied~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name
Mother's Maiden Name

Cause of Death { Primary *Old age* *154* How long sick *10 hours*
 Immediate *Paralysis* Accident, Suicide, Homicide

Reported by *Julius A Johnson*
 Address *Easton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Le Grouchy

Name in Full

Certificate of Death

Julia Rebecca Davis

Town County
 Died at Claiborne Talbot MARYLAND
 Date 1902 4 2 Age 24
 Month Day Y. M. D. Native of Occupation
 Female Colored Single ~~Widow~~ Maryland House girl
 Number of children living

Husband of

Wife

Father's Name Wm Davis Mother's Maiden Name Charity Palmer

Cause of Death { Primary Consumption 27 How long sick 5 months
 Immediate Consumption Accident, Suicide, Homicide

Reported by

Address

E P Sparks H D
 M M Chadwick MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elmer Dobson

Town

County

Died at Hammond town

Tallot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 1

Age

5

Tallot Co

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Joseph Dobson

Maiden Name

Mary Ellen Dobson

Cause of

Primary

Whooping Cough

How long sick

1 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

John B Fairbank

Address

Easton Tallot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Kate Ewing

Town

County

Died at

Ladmon Corners

Talbot

MARYLAND

Date 19

02 April 2

Month

Day

Age

Y. M. D.

Native of

Occupation

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

6

~~Husband~~

of

Robert H. Ewing

Wife

Father's

Mother's

Name

~~Kate Ewing~~

Maiden Name

104

Cause of

Primary

Chronic Gastritis

How long sick

2 years

Death

Immediate

Congestion of the Liver

~~Accident, Suicide, Homicide~~

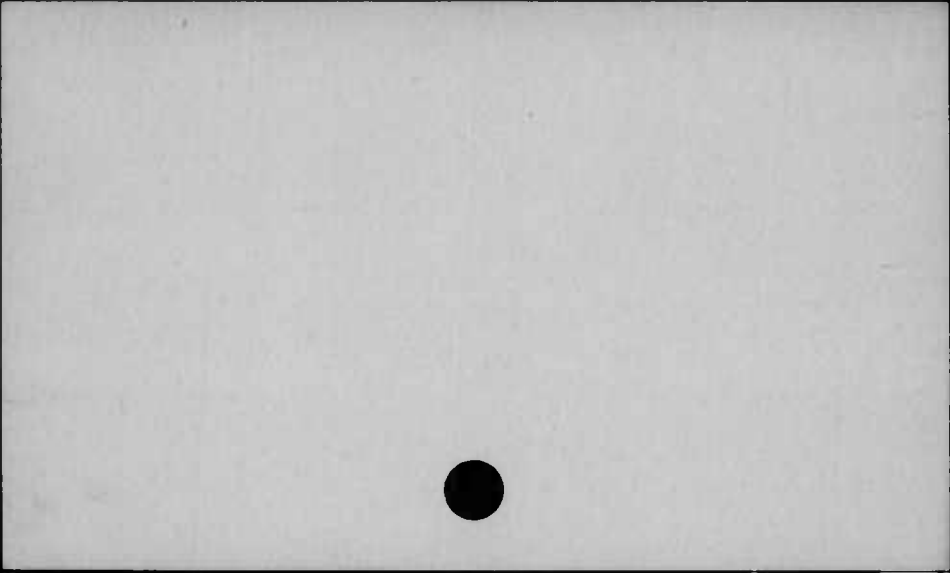
Reported by

Chas. H. Rose

Address

Cordova, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ann Maria Fisher

Died at ^{Town} Cordova ^{County} Talbot MARYLAND

Date 1902 April 17 Age 62 8 Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of John L. Fisher
 Wife
 Father's Name John Sherwood Mother's Name Caroline Handesty

Cause of Death { Primary Paralysis -
 Immediate Congestion of Brain left

How long sick one year
 Accident, Suicide, Homicide

Reported by Chas. H. Rose

Address Cordova.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Justie Green

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 23

Age

*12 4 7**MD**X*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colorad

Singla

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Geo. Green

Mother's

Maiden Name

Lusan Carter

Cause of

Primary

How long sick

Death

Immediata

Gastric Fever~~Accident, Suicide, Homicide~~

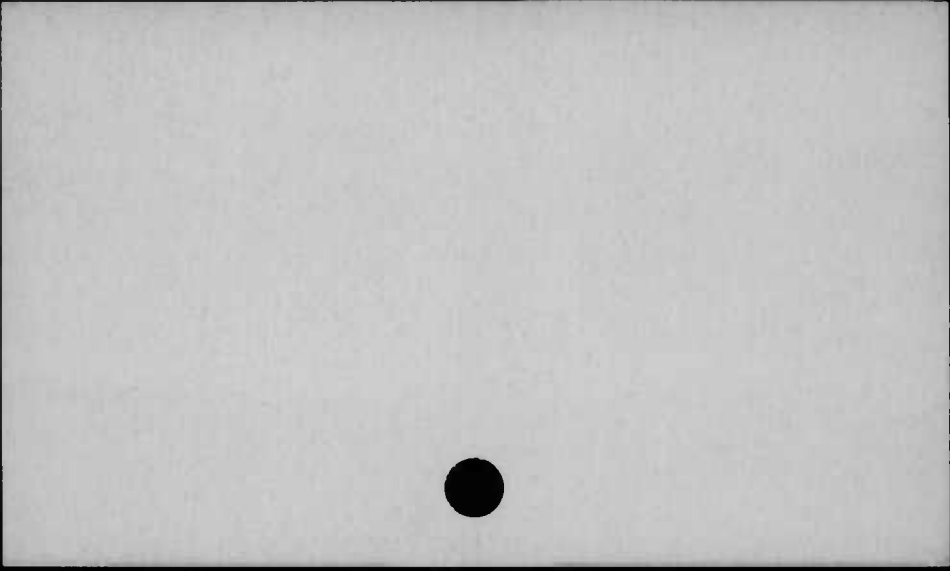
Reported by

Carlos H. Rose

Address

Cordova

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henrietta Harris

Town

County

MARYLAND

Died at

Royal Oak

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4-7

Age 18 - -

Talbot

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Iro Harris

Sarah Johnson

Cause of

Primary

Heart & Kidney trouble

How long sick

10 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Jame C. Tripp

Address

Royal Oak

Talbot Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

don
2



Name in Full

Certificate of Death

Mrs. Sallie Harrison

Town

County

Died at

Fairbank

Talbot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr - 10

Age

61

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Laven Harrison

Wife

Father's

Name

Mother's

Name

Cause of

Primary

La Grippe

10

How long sick

1 week

Death

Immediate

Typhoid Pneumonia

Accident, Suicide, Homicide

Reported by

Dr. S. K. Wilson

Address

Tilghman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6556



Samuel T. Harrison

Town

County

Earlton

Talbot

MARYLAND

Died at

Date 1902

Month

Day

Apr 23

Y.

M.

D.

62-4-10

Native of

Talbot Co Md

Occupation

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband
of
WifeFather's
Name

Mother's

Name

93

Cause of

Primary

Pneumonia

How long sick

3 wks

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

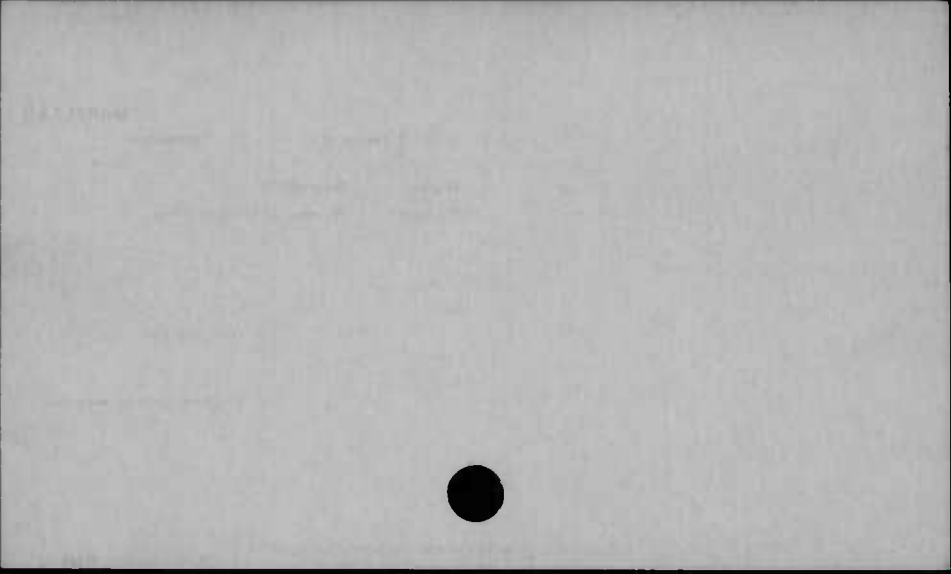
Reported by

Address

B. Harrison

Earlton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Frisby Holland

Died at ^{Town}Iva ^{County}Talbot MARYLAND

Date	1902	Month	April	Day	4	Age	90 3 24	Y.	M.	D.	Native of	Ill	Occupation
Male		White		Married		Widow					Divorced		
Female		Colored		Single		Widower					Number of children living		

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of	Primary	Old age	154	How long sick
Death	Immediate			Accident, Suicide, Homicide

Reported by John B Fairbank Eastern Talbot Co

Address No DE Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. S. Horney

Town

County

Died at

Clairborne

Talbot

MARYLAND

Date 189

1902

Month

Day

4

20

Age

56

Y.

M.

D.

Native of

Occupation

Maryland

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband

of

Elizabeth P. Horney

Wife

Father's

Name

Joseph Horney

Mother's

Name

Caroline Horney

Cause of

Primary

Tubercular Laryngitis

How long sick

Two years

Death

Immediate

Debility or Asthenia

Accident, Suicide, Homicide

Reported by

26

A. B. Gluscock

Address

St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

A. B. Bluscock

of

St. Michael's and

~~understands~~ E. F. Sparkes

Seen by Coroner

of

St. Michael's and

Information contained in this certificate re-

ceived from Mrs. Robt. Lambdin and Eliz. Horney
of St. Michael's and Claiborne Mts

Alverta H Hopkins

Town

County

Died at

St Michael's

Talbot

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 22

Age

-

-

7

St M

none

Male

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

none

Husband

of

Wife

Father's

Name

Edward Hopkins

Mother's

Name

Helene G. Hopkins

Cause of

Primary

Inflammation of Umbilicus

How long sick

Three days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

A. B. Blaseock

Address

151

St Michael's

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. A. B. Blascood
of St Michaels md

Seen by Undertaker O. E. Willey
of St Michaels md

Information contained in this certificate re-
ceived from Ed. Hopkins
of St Michaels md

Name in Full

Certificate of Death

Roy Melvin Hubbard

Town

County

Died at

Cordova

Talbot

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Apr.	28	2	4		Ind	X
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	

Husband of X

Wife

Father's Name X

Mother's

Maiden Name

Julia Elma Hubbard

Cause of	Primary	How long sick
Death	Hooping Cough	8
	Pneumonia	

How long sick

Accident, Suicide, Homicide

Reported by C. Has. H. Rose -

Address Cordova.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ann Eliza Johnson

Died at Unionville Town Talbot County MARYLAND

Date 1902 April 16 Month Day Y. 39 M. - D. - Native of Ind Occupation Housewife

Male White Married Widow Divorced Single Widow Number of children living 7

~~Husband~~ of Emanuel Johnson Wife Anna Johnson

Father's Name Maria Roberts Mother's Maiden Name Maria Roberts

Cause of Death { Primary Grippe with Complications Immediate Exhaustion How long sick 3 months Accident, Suicide, Homicide

Reported by Julius A. Johnson Address Easton, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elson Jones

Town

Oxford

County

Talbot

MARYLAND

Died at

April

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

12

Age

2

Oxford

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Jones

Mother's

Maiden Name

Sarah Jones

Cause of

Primary

Gastroenteritis

How long sick

17 1/2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. F. M. Eccles

Address

Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Eli Hugh Kemp-

Town *Bruceville* County *Talbot* MARYLAND

Died at

Date 1902 Month *4* Day *23* Age *53* Y. *53* M. *5* D. *28* Native of *Talbot Co* Occupation *Truck driver*

Male White Married ~~Widower~~ ~~Unmarried~~ ~~Widower~~ Number of children living *One*

~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Josephine Fleetwood*

Father's Name *William Kempf* Mother's Maiden Name *Lucy Ann Holt*

Cause of Death { Primary Immediate *Gun-shot wound of head* } How long sick *Instantaneous*

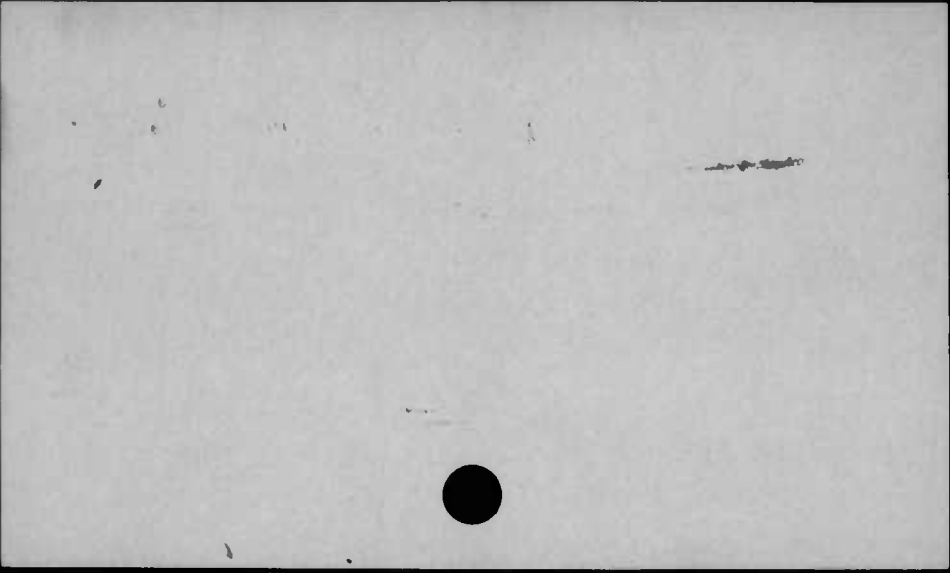
169

~~Accident, Suicide, Homicide~~

Reported by *Joseph A Ross Jr D*

Address *Trappe Talbot Co Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Kinnamon

Died at ^{Town} Old Chappel ^{County} Talbot

MARYLAND

Date 1902 ^{Month} April ^{Day} 30 ^{Age} 80 ^{Y.} ^{M.} ^{D.} ^{Native of} Talbot, Co ^{Occupation}~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband of ^{Wife} Wm J KinnamonFather's Name Wm Ash ^{Mother's} Maiden Name Eliza TurnerCause of ^{Primary} Old age ^{How long sick} 3 years

Death

Immediate

154

Accident, Suicide, Homicide

Reported by John B Fairbank

Address Easton Talbot Co No Dr

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rosa Kirby

Died at ^{Town} near Queen Anne Salbit ^{County}

MARYLAND

Date 1902 ^{Month} *Apr* ^{Day} *9* | Age ^{Y.} *29* ^{M.} *3* ^{D.} | Native of *Maryland* | Occupation

~~Male~~ ^{Female} | ~~White~~ ^{Colored} | ~~Married~~ ^{Single} | ~~Widow~~ ^{Widower} | ~~Divorced~~ | Number of children living *one*

~~Husband~~ of *Clarence Kirby*

Wife

Father's Name

Mother's Maiden Name *179*

Cause of Death { Primary *Complication of disease* | Immediate

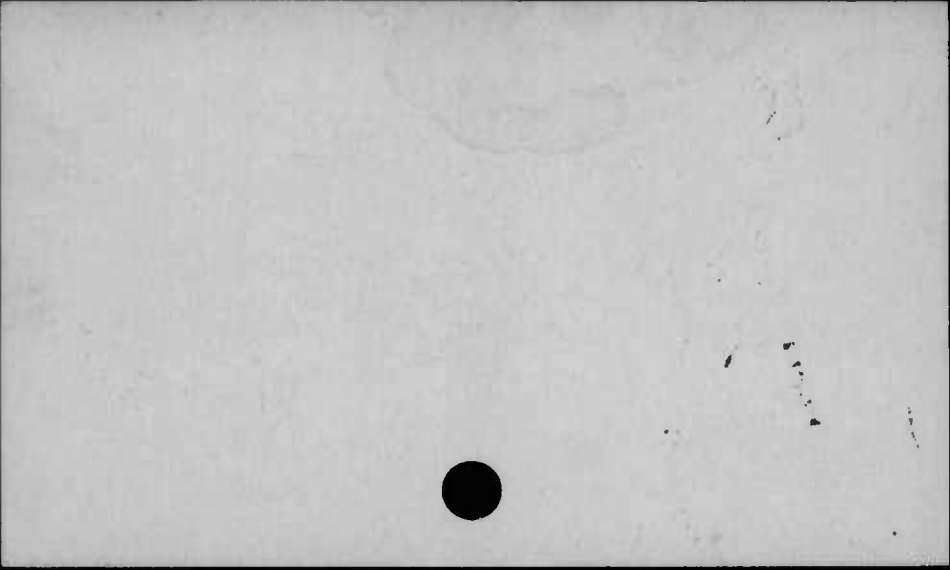
How long sick *about 2 years*

Accident, Suicide, Homicide

Reported by *J. H. Russell Undertaker*

Address *Stilwell* *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Agnes B. Leonard

Died at

MARYLAND

Date 19

02

Month

Day

4 - 9

Y.

M.

D.

Age

55

Native of

Md

Occupation

—

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Joshua Leonard

Mother's

Maiden Name

Rosanna Leonard

Cause of

Primary

How long sick

—

Death

Immediate

Drowned

172

Accident, ~~Suicide~~, Homicide

Reported by

Address

William J Jackson, Justice of the Peace
Telghuan, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mary Elizabeth Leonard.

Town

County

Died at

Oxford

Tallat

MARYLAND

Date 19	021. April. 25	Age	61. 10. 0	Native of	Tallat	Occupation	Homes Wife
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower		Number of children living	4.

Husband of James Stephen Leonard.

Wife

Father's Name Jeremiah Benson

Mother's Name Leola Robinson

Cause of	Primary	Paralysis	How long sick	1 week.
	Death	Immediate		
			66	Accident, Suicide, Homicide

Reported by H. M. Eccles M.D.

Address Oxford. Tallat Lee Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella B. Marshall

Town

County

MARYLAND

Died at Royal Oak

Talbot

Month Day

Y. M. D.

Native of

Occupation

Date 1902

4-25

Age

1-20

Md

Engl

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's Name Frank Marshall

Mother's
Maiden Name Ella B. Purnell

Cause of Primary

How long sick

Death Immediate

Suffocation 166

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Samuel B. Trippe

Address

Royal Oak

Talbot Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm. Monroea

Town

County

Died at

Easton

Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 4 9

Age

75

Md

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mary Monroea

Mother's

Name

Cause of

Primary

Consumption

How long sick

3 yrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

16 Eastern

Thomas H. Newnam

Town

County

MARYLAND

Died at

Royal Oak.

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr

13

Age

56

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Aramia Larimore

Father's

Mother's

Name

Thos Newnam

Maiden Name

Eliza

Cause of

Primary

Pneumonia

How long sick

14 Days

Death

Immediate

Inflam. of brain 93

Accident, Suicide, Homicide

Reported by

J. B. Fripp

Address

Royal Oak, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary. Le Nitz*
 Town *St Michaels* County *Salbo*
 Died at *St Michaels* *Salbo* MARYLAND

Date 19*02* Month *4* Day *20* Age *27* Y. *11* M. *20* D. *20* Native of *Alphaman Md* Occupation *Housewife*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3 or 4*

Husband of *Chas. W. Nitz*
 Wife *Chas. W. Nitz*
 Father's Name *Vincent Hampton* Mother's Name *Wilhelmina Melvin*
 Maiden Name *Wilhelmina Melvin*

Cause of Death { Primary *Diabetes & Chronic Catarrh of bowels* How long sick *6 months*
 { Immediate *Asthenia* Accident, Suicide, Homicide

Reported by *A. B. Blascock Md*
 Address *St Michaels Md*
50

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Asbury *Rideout*

Town

County

Died at

*McDauill**Dalbot*

MARYLAND

Date *1903* ~~189~~ Month *4* Day *22* Age *66* Y. M. D. *- -* Native of *Maryland* Occupation *Cysterman*

Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower Number of children living *6*

Husband
Wife

of

Susan Rideout

Father's
Name

Asbury Rideout

Mother's
Name

Harriet Burke

Cause of

Primary

Phthisis Pulmonalis

How long sick

Two months

Death

Immediate

Pulmonary Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

*27**A. B. Glascock**St Michael's Md*

Attended by Dr.

A. S. Hasecock

of St. Michaels Ind

undertaker E. P. Sparks

Seen by Committee

of St. Michaels Ind

Information contained in this certificate received from Susan, Rebecca & Nellie Zook

of McLanahan Ind

Henrietta Rideout

Town

County

Died at McDaniel

Fallot

MARYLAND

Date 1902 4 18 Month Day Y. M. D. Age 103-11- Native of Maryland Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single ~~Widow~~ Number of children living Four

Husband of Ashury Rideout
 Wife
 Father's Name James Wells Mother's Name Eloza Burton
 Cause of Death { Primary Softening of Brain How long sick Two years
 Immediate Debility ~~Accident, Suicide, Homicide~~

Reported by

Address

65 A. B. Glascock MD
St. Michael's Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jehst Rakes

Town

Lorton

County

Jehst

MARYLAND

Died at

Date 902

Month

Day

Y.

M.

D.

Native of

Occupation

4

10

Age

75

-

-

Md

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

5

Husband

of

Rakes

Wife

Father's

Name

Jehst Rakes

Mother's

Name

Mary Rakes

Cause of

Primary

Aortic Aneurism

How long sick

2 1/2 wks.

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

81

Thos. M. Munnick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8888

12 Jan 1877

Name In Full

Certificate of Death

Arrena Stanford

Town

County

Died at Near Easton

Tallor

MARYLAND

Date 1902 Month April Day 23 Y. M. D. Native of Occupation

Date 1902

April 23

Age

14

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colorad

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Asbury Stanford

Mother's

Maiden Name

Ella Stanford

Cause of

Primary

Whooping Cough

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

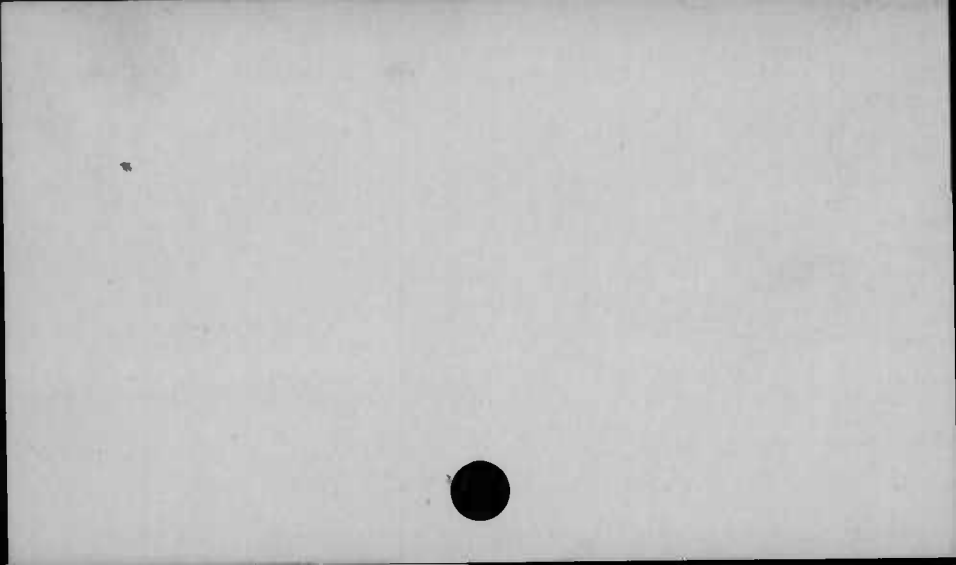
John B Fairbank

Address

No Dr Easton Tallor Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Charles Thomas
 Town St Michaels County Talbot

MARYLAND

Died at

Date 1902

Month Day

April 3

Y. M. D.

Age 20 6 3

Native of

Md

Occupation

Wood sawer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living none

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

154

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

E P Sparks

Address

St Michaels Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Dani Tilghman

Town

County

Died at

Easton

Talbot

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902

April 28

Age *3 11*

Talbot

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Henry Tilghman

Mother's

Maiden Name

Lillie Anderson

Cause of

Primary

Whooping Cough

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

John B Fairbank

No Dr

Address

Easton Talbot

Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Rosa Warner

Town

County

Died near

Easton

Talbot

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 20

Age 23

-

-

U. S. A.

H. wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

None

~~Husband~~ of

Wife

Father's

Name

Carroll Warner

Mother's

Robert Saulsbury

Maiden Name

Saulsbury

Cause of

Primary

acute Colitis 10 to 15 stools a day
for 3 weeks before confinementHow long sick 3 weeks
before + 36 hrs
after confinement

Death

Immediate

Exhaustion during confinement -

Accident, Suicide, Homicide

Reported by

Address

Chas. F. Davidson M.D. who saw her the first -
Easton, Md. (Time 36 hrs before death)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

not named

Town

County

Talbot-

MARYLAND

Died at near Easton

Month

Day

Y. M. D.

Native of

Occupation

Date 1902 Apr. 22

Age

15-hrs

usa

Baby

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Carroll Warner

Mother's Maiden Name

Rosa Saulsbury

Cause of

Primary

Hydrocephalus

Death

Immediate

not known 150

How long sick

not at all

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson
Easton Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70600

